



Preventing Elderly Falls

By Samantha Scotti

The risk of falling increases considerably with age. In fact, [one in three Americans](#) over age 65 falls each year. On average, an older adult dies every 20 minutes or obtains treatment in an emergency room every 13 seconds as a result of unintentional falls. Common injuries from these falls include traumatic brain injuries (TBI), hip fractures and other broken bones. In addition to emotional burdens for older adults and their families, injuries from falls create significant financial burdens. According to the Centers for Disease Control and Prevention (CDC), treatment for [falls costs \\$34 billion in medical expenses](#) annually. Hospital care accounts for most of these costs, with an average of \$35,000 per fall. While Medicare pays for the majority of the costs (78 percent), Medicaid remains the largest payer of the long-term services and supports that are commonly needed after a fall.

Injuries associated with falls also typically diminish older adults' mobility, which can, in turn, reduce their ability to live independently and require care in a nursing home or help with daily activities (e.g., bathing, dressing or other household tasks). Preventing falls can help reduce Medicaid costs for institutional and home and community-based long-term services and supports, which totaled \$123 billion in 2013. Furthermore, older adults who suffer a fall are twice as likely to experience a subsequent fall, further increasing the likelihood they will require long-term services and supports.

Health care providers and other experts increasingly recognize the importance of evidence-based programs and strategies that significantly reduce falls among older adults. [These strategies include](#) home modifications, managing medications (particularly those that can cause dizziness or lightheadedness), and encouraging or providing exercise programs for seniors. For example, [various reports](#) have linked medications—such as antidepressants and sedatives—with falls among older adults. [Other reports](#) have shown the risk of falling can be reduced through exercises that strengthen muscles and improve balance.

State Action

In an effort to prevent and reduce falls, states have adopted legislation that includes supporting older adults in their homes, communities and clinical settings. Many seniors prefer to remain in their homes and communities instead of moving to institutional care, and falls can diminish the capacity of seniors to continue to live on their own. [California](#) supported the concept of “aging in place” by requiring that recommendations be made and funding allocated for home modifications intended to keep seniors safely in their homes and reduce the risk of falling. Legislation in [New Mexico](#) established a statewide community-based adult fall risk awareness and prevention program. This program requires coordination throughout the community—including among health care providers, area agencies on aging and other community organizations—to encourage fall risk awareness and prevention strategies.

Did You Know?

- One in three older adults falls each year.
- Falls cost \$34 billion in medical expenses annually.
- Some states are facilitating better medication management to prevent falls.

Some state strategies focus on clinical settings to encourage or offer incentives to health care providers to incorporate fall prevention into their practices. Such strategies focus on medications, or combination of medications, that have been associated with a higher risk of falling. A high percentage of older adults regularly take one prescribed medication, and [nearly 40 percent of older adults report taking five or more medications](#). Policies that enable effective medication management can allow providers to review the medications older adults are taking and recommend changes that could reduce their risk of falling. [Pharmacists may be particularly effective](#) in medication management since they may be able to modify older adults' use of drugs that increase the risk of falls. Washington [SB 5557](#) required that pharmacists be included in health insurance provider networks, which allows them to consult with patients, including older adults, about their medications.

Older [people account for](#) roughly 8 percent of Medicaid enrollees, but approximately 20 percent of Medicaid spending, so medication management strategies in Medicaid programs may benefit recipients, including older adults, and help states control Medicaid costs. For example, North Dakota [SB 2320](#) created a Medicaid therapy management program for Medicaid-eligible patients, which could allow pharmacists and other health professionals to be reimbursed for conversations about medication management that occur in person or over the phone.

Other clinical-based strategies support fall prevention training for providers who work with high-risk people. Minnesota [HB 1233](#) required that training for workers providing home care services to elderly and at-risk people include fall prevention. Similarly, [Washington](#) required long-term care workers to complete training on core competencies that include fall prevention.

Finally, some states allocate funds to create or support statewide fall commissions or state fall prevention plans. For example, the [Massachusetts legislature](#) established a fall prevention commission, which must recommend prevention strategies in an annual report. [Washington](#) also established a statewide fall prevention program and appropriated funds for services provided by the program.

Federal Action

U.S. [S. Res. 264](#) designated Sept. 23, 2015, as “National Falls Prevention Awareness Day.” Congress has adopted a similar resolution annually since 2008 in an effort to increase awareness and to prevent falls among older adults. In 2008, Congress passed the [Safety of Seniors Act](#), which directs the secretary of health and human services to provide funding and support for various older adult fall prevention efforts.

More recently, the CDC developed the [Stopping Elderly Accidents, Deaths and Injuries \(STEADI\)](#) resource for patients and health care providers. This tool kit is meant to be incorporated into providers' practices to help them identify elderly patients who are at risk of falling and offer prevention strategies or recommendations. STEADI also is available as online training that health care providers can take and receive continuing education credit.

NCSL Contact and Resources

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Additional Resource

[CDC Older Adult Falls](#)

[Elderly Falls Prevention Legislation and Statutes](#)

[Injury Prevention Legislation Database](#)